

**South Jersey Diving Association
Permission to Participate and Liability Release**

I, _____, the participant or parent /guardian of the participant, agree to participate (or allow my children and family members to participate) in the South Jersey Diving Association diving program as a member of Erlton Swim Club. I hereby release its staff, agents, and /or employees from liability from and injury that may occur to myself (or my children) and family members while participating in the SJ Diving program, including travel to and from, training sessions or other scheduled activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals their agents and/or other family members of damage to my property, the property of my children and/or other family members, or both, while I (or my children) and/or family members are participating in the program.

I agree to reimburse the above parties for any damages they are compelled to pay arising from any such claims, demand, action or cause of action by myself (or my children) and family members.

*****Please note on the back of this form any medical history or problems of which the staff should be aware that would or could affect training and/or competitions.**

SIGNED _____ DATE _____
(Participant if over age 18 or parent/guardian)

REGISTRATION

Fee - \$60.00 per diver or \$50 per swimmer/diver

DIVER(S) NAME AND BIRTHDAY(S)

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Name _____

Address _____

Phone Number _____

Email Address _____

(Please put a check here if you do not want this information included in the Erlton Swim/Dive Team directory.)

